

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF COMMUNITY BASED CARE SERVICES

BUREAU OF ELDERLY & ADULT SERVICES

129 PLEASANT STREET, CONCORD, NH 03301-3857
603-271-4680 1-800-351-1888
Fax: 603-271-4643 TDD Access: 1-800-735-2964



Nicholas A. Toumpas
Commissioner

Nancy L. Rollins
Associate Commissioner

January 29, 2010

His Excellency, Governor John H. Lynch
and the Honorable Executive Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services (DHHS), Division of Community Based Care Services, Bureau of Elderly and Adult Services to enter into a sole source amendment to an existing Agreement (Purchase Order #1003911) with Greater Wakefield Resource Center, 254 Main Street, Union, New Hampshire 03887 (Vendor Code # 158408), to provide Nutrition Services/Congregate meals to elderly individuals, which was initially approved by Governor and Council on October 21, 2009 (Item # 75), by increasing the contract amount by \$2,450.00 from \$9,800.00 to \$12,250.00 effective date of Governor and Council approval through September 30, 2010. This amendment is supported with funds made available under the American Recovery and Reinvestment Act of 2009 (ARRA) to provide Nutrition Services/Congregate meals. Funds are available in the following account(s) for SFYs 2010 and 2011, with the authority to adjust encumbrances between each of the State fiscal years through the Budget Office if needed and justified.

05-95-48-481010-0885 HEALTH AND SOCIAL SERVICES, DEPT. OF HEALTH AND HUMAN SERVICES,
HHS: ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, AOA ARRA MEALS

Fiscal Year	Class/Object Code	Class Title	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
SFY 2010	502-500891	Contracts to providers	\$ 7,350.00	\$ 2,450.00	\$ 9,800.00
SFY 2011	502-500891	Contracts to providers	\$ 2,450.00	\$ 0.00	\$ 2,450.00
TOTALS			\$ 9,800.00	\$ 2,450.00	\$12,250.00

Source of Funds: One hundred percent Federal ARRA funds.

EXPLANATION

Funding for this amendment with Greater Wakefield Resource Center is with American Recovery and Reinvestment Act of 2009 Public Law 111-5 (ARRA) funds, which provide Nutrition Services/Congregate meals that meet some needs of elderly individuals by providing meals in a group setting. This contract amendment increases the number of Congregate meals by 500, from 1,500 to 2,000 at a rate of \$4.90 per meal in SFY 2010, for a revised total contract amount of \$12,250.00 through September 30, 2010. Services are provided in accordance with The Older American's Act (AoA) of 1965, as amended.

The Administration on Aging (AoA) awarded BEAS two grants from the American Recovery and Reinvestment Act of 2009 (ARRA) to provide Nutrition Services /Home Delivered meals and Nutrition Services/ Congregate meals to seniors in need of food by preventing waitlists and closures and to create or retain jobs. These funds assist New Hampshire communities dealing with rising food costs at a time when demand for services is increasing due to the economic downturn and the growing number of older adults. To maintain transparency and accountability for the use of ARRA funds, BEAS awarded separate contracts to the Nutrition providers, which serves to segregate the ARRA funds from the ongoing BEAS supported Nutrition programs. Services provided and the associated costs will be tracked and reported separately on a monthly basis to meet the requirements of the ARRA legislation.

The initial distribution of the ARRA funds for the Home Delivered and Congregate Meals programs was determined as follows: BEAS elected, with the support of the AoA, not to seek competitive bids for these services as all meals providers who submitted a bid in response to RFP 10 DCBCCS-BEAS-SS-01 released by BEAS on February 6, 2009, were awarded contracts for congregate and/or home delivered meals. BEAS contacted these providers and asked them to identify additional needs that meet the requirements of the ARRA funds. This amendment is part of the final distribution of SFY 2010 ARRA Nutrition Services/Congregate Meals spending plan in the amount of \$71,854.00 that was not obligated at the time the original ARRA contracts were approved. Development and finalization of the spending plan involved: 1) clarification from AoA regarding allowable costs and reporting requirements, and 2) negotiations with the nutrition providers who requested additional ARRA funds. Under the final spending plan, contract amendments were awarded to all the nutrition providers who requested additional Nutrition Services/Congregate Meals ARRA funding that meet the ARRA requirements. See attached list of BEAS' final ARRA Spending Plan.

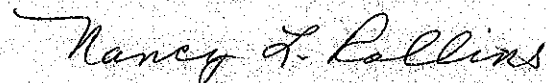
The contractor's performance will be measured by their ability to provide the number of meals and clients served, quality of service, each meal shall provide 1/3 of the Recommended Dietary Allowance (RDA) issued by the United States Departments of Health and Human Services and Agriculture, avoidance of a waitlist, and meeting the required documentation detailed in Exhibit C ARRA Standard Terms and as instructed by BEAS in accordance with the terms of the contract as evidenced by monthly invoices and reports submitted to BEAS.

Area served: See attached Catchment Area Form.

Source of Funds: One hundred percent Federal ARRA funds.

In the event that the Federal funds become no longer available, General Funds will not be requested to support these programs.

Respectfully submitted,



Nancy L. Rollins
Associate Commissioner

Approved by:



Nicholas A. Toumpas
Commissioner

WHRECOVERY
putting new business to work

State Fiscal Year 2010						SFY 2010		SFY 2010		SFY 10
		Delivered Meals	Rate per Meal:	Congregate Meals	Rate per Meal:	Jobs: Paid with Recovery Act Funds				
		# Meals	Dollars	# Meals	Dollars		Dollars	Amount		
Town in which agency resides										
1	Cap Belknap Merrimack Counties	5,410	\$28,781.20	1,300	\$6,370.00		\$17,538.30	\$52,689.50		
2	Gibson Center for Senior Citizens	2,246	\$11,948.72	0	\$0.00		\$0.00	\$11,948.72		
3	Grafton County Senior Citizens Council	2,246	\$11,948.72	0	\$0.00		\$0.00	\$11,948.72		
4	Greater Wakefield Resource System	not a provider of HD meals		2,000	\$9,800.00		\$0.00	\$9,800.00		
5	Newport Senior Center	0	\$0.00	0	\$0.00		\$0.00	\$0.00		
6	Ossipee Concerned Citizens	2,562	\$13,629.84	9,000	\$44,100.00		\$0.00	\$57,729.84		
7	Rockingham County Nutrition Program	4,408	\$23,450.56	13,000	\$63,700.00		\$13,536.69	\$100,687.25		
8	Somersworth Housing Authority	3,301	\$17,561.32	0	\$0.00		\$11,582.50	\$29,143.82		
9	St. Joseph Community Service	5,410	\$28,781.20	15,000	\$73,500.00		\$0.00	\$102,281.20		
10	Tri-County Community Action Program	2,246	\$11,948.72	5,750	\$28,175.00		\$0.00	\$40,123.72		
11	VNA @ HCS	2,246	\$11,948.72	0	\$0.00		\$0.00	\$11,948.72		
Total		30,075	\$159,999.00	46,050	\$225,645.00		\$42,637.49	\$428,301.49		

ARRA SERVICE CATCHMENT AREA

[illegible]

AMENDMENT

This Agreement (hereinafter called the "Amendment") dated this 7th day of December, 2009, by and between the State of New Hampshire, acting by and through its Division of Community Based Care Services, Bureau of Elderly and Adult Services of the Department of Health and Human Services (hereinafter referred to as the "Bureau") and Greater Wakefield Resource Center, a corporation organized under the laws of the State of New Hampshire, with a place of business at 254 Main Street, Union, New Hampshire 03887 (hereinafter referred to as the "Provider").

WHEREAS, pursuant to an Agreement (hereinafter called the "Agreement") dated August 21, 2009, and approved by the Governor and Executive Council on October 21, 2009, (Item # 75), the Provider agreed to perform certain services upon the terms and conditions specified in the Agreement and in consideration of payment by the Division of certain sums as specified therein; and

WHEREAS, pursuant to the provisions of Section 17 of the Agreement, the Agreement may be amended, waived or discharged only by a written instrument executed by the parties thereto; and

WHEREAS, the Provider and the Division have agreed to amend the Agreement in certain respects;

NOW THEREFORE, in consideration of the foregoing, and the covenants and conditions contained in the Agreement and set forth herein, the parties do hereby agree as follows:

1. Amendment and Modification of Agreement:

The Agreement is hereby amended as follows:

To Amend Price Limitation section 1.8 by increasing the amount from \$9,800.00 to \$12,250.00.

To Amend Exhibit A Scope of Services as follows:

SECTION I: NUTRITION SERVICES/CONGREGATE MEALS

Paragraph 4, amended by adding the following language as included below in italics:

4. Units of Service:

The Contractor agrees to provide the number of Nutrition Services/Congregate Meals as detailed in Exhibit B Purchase of Services. *The number of units of ARRA Congregate Meals is increased by 500 units, from 1,500 to 2,000 units.*

Contractor's Initials

Date


12-13-10

To Amend Exhibit B as detailed in *italics*:

**EXHIBIT B
PURCHASE OF SERVICES**

Contractor Name: Greater Wakefield Resource Center

1. Subject to the Contractor's compliance with the terms and conditions of the Agreement, the Bureau of Elderly and Adult Services shall reimburse the Contractor for units of service provided to eligible individuals, by the Contractor, at the following rate(s):

STATE FISCAL YEARS 2010 and 2011
Governor and Council approval through September 30, 2010

ARRA Service	<u>SFY 2010 Rate Per Unit</u>	<u>SFY 2010 Units</u>	<u>SFY 2010 Cost</u>	<u>SFY 2011 Rate Per Unit</u>	<u>SFY 2011 Units</u>	<u>SFY 2011 Cost</u>
Congregate Nutrition Services	\$ 4.90 per meal	2,000	\$ 9,800.00	\$ 4.90 per meal	500	\$ 2,450.00
Totals			\$ 9,800.00			\$ 2,450.00
State Fiscal Year 2010			\$ 9,800.00			
State Fiscal Year 2011			\$ 2,450.00			
Grand Total			\$ 12,250.00			

2. It is understood that in no event shall the total payments made by the Bureau of Elderly and Adult Services under this Agreement exceed the sum of \$ 12,250.00.

2. Effective Date of Amendment:

This Amendment shall be effective January 27, 2010, or date of Governor and Council approval, whichever is later.

Contractor's Initials: 

Date: 1-13-10

3. Continuance of Agreement:

Except as specifically amended and modified by the terms and conditions of this Amendment, the Agreement, and the obligations of the parties thereunder, shall remain in full force and effect in accordance with the terms and conditions set forth therein.

IN WITNESS WHEREOF, the parties have hereunto set their hands as of the day and year first above written.

THE STATE OF NEW HAMPSHIRE
Division of Community Based Care Services
Bureau of Elderly and Adult Services
Department of Health and Human Services

By Nancy L. Rollins
Associate Commissioner

Greater Wakefield Resource Center

Name of Corporation

By Robert Colidden
Name/Title

STATE OF New Hampshire

COUNTY OF Camden

On this the 13th day of January, 20 10, before me, Teresa A. Williams the undersigned officer, personally appeared Robert Colidden who acknowledged himself/herself to be the Chairman of Greater Wakefield Resource Center, a corporation, and that he/she, as such Chairman being authorized to do so, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by himself/herself as Chairman.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

Teresa A. Williams
Notary Public/Justice of the Peace

TERESA A. WILLIAMS, Notary Public
My Commission Expires 4-15-2014

My commission expires:

Approved by Attorney General this 5th day of February, 20 10

By Rosemary Wiant
OFFICE OF THE ATTORNEY GENERAL

Approved by Governor and Council this 10th day of March, 20 10. Item # 107

Contractor's Initials: [Signature]
Date: 1-13-10

State of New Hampshire

Department of State

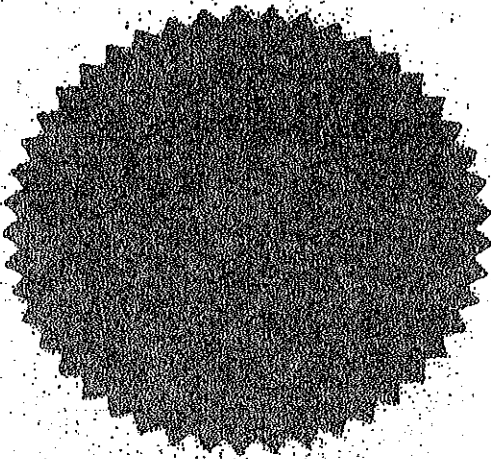
CERTIFICATE OF GOOD STANDING

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that GREATER WAKEFIELD RESOURCE CENTER is a New Hampshire nonprofit corporation formed October 31, 1997. I further certify that it is in good standing as far as this office is concerned, having filed the return(s) and paid the fees required by law.

IN TESTIMONY WHEREOF, I hereto
set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 31ST day of January, A.D. 2006



William M. Gardner
Secretary of State



Corporation Division

Search
By Business Name
By Business ID
By Registered Agent
Annual Report
File Online

Search Type: Starting With
Search Date: 1/19/2010

Search Criteria: greater wakefield resource
Search Time: 14:14

Click on the Entity Name or Business ID to view more information.

Entity Name	Business ID	Type	Entity Status	Entity Create Date
GREATER WAKEFIELD RESOURCE CENTER, INC.	282026	Non-Profit Corporation	Good Standing	10/31/19

Records Returned 1 to 1

Greater Wakefield Resource Center

ABSTRACT OF CORPORATE MINUTES

The following is a true abstract from minutes of meeting

of Board of Directors
(Name of Governing Board)

Greater Wakefield Resource Center
(Name of Corporation)

on March 3rd 2006 which was duly called at which a quorum was
present:

"On motion duly made and seconded, it was voted to authorize

the Chairman, to accept grants and awards and enter into contracts, and contract amendments from time to time with the New Hampshire Department of Health and Human Services, Bureau of Elderly and Adult Services to sign and otherwise fully execute such acceptances and contracts, and contract amendments or modifications thereto, and any related documents requested by the New Hampshire Department of Health and Human Services; Bureau of Elderly and Adult Services, this authorization to continue until revoked by vote of this governing board.

I certify the foregoing vote is still in effect and has not been revoked, rescinded or modified.

I further certify that (Name of corporate official signing the acceptance or contract)
Robert Glidden is the duly elected (Title) Chairman of
this corporation and is still qualified and serving in such capacity.

1-13-10
(Date)

Nancy Anne Smith
Secretary

(Imprint seal of corporation. If none, write: "No corporate seal.")

STATE OF NEW HAMPSHIRE 1.10

COUNTY OF CARROLL

On January 13, 2010, before the undersigned officer personally appeared the person identified in the foregoing certificate, known to me (or satisfactorily proven) to be the Clerk/Secretary of the corporation identified in the foregoing certificate, and acknowledged that S he executed the foregoing certificate.

In witness whereof I hereunto set my hand and official seal.

Teresa A. Williams
Notary Public/Justice of the Peace

TERESA A. WILLIAMS, Notary Public
My Commission Expires 4-15-2014

DATE (MM/DD/YYYY)
4/15/2009

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC #

NH 03247-7425

INSURERA Great American Ins Group

INSURERS Southern Insurance

INSURER C

INSURER'S

INSURER E:

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

	POLICY EFFECTIVE	POLICY EXPIRATION	LIMITS
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AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
TYPE OF INSURANCE GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		ZAC2246687 ZAC2246687	6/1/2008 6/1/2009	6/1/2009 6/1/2010	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPOPAGE \$ 2,000,000
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO					AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY AGG \$
EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER		SIC0006861-01 SIC0006861-02	10/18/2008 10/18/2009	10/18/2009 10/18/2010	W/C STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

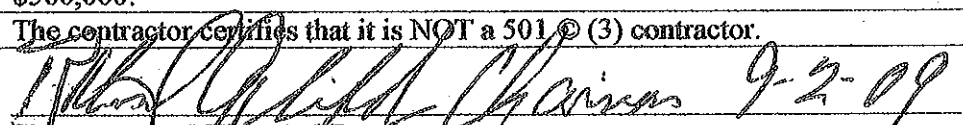
AUTHORIZED REPRESENTATIVE

© ACORD CORPORATION 1988

Comprehensive General Liability Insurance & Worker's Compensation Acknowledgement Form

The New Hampshire Office of Attorney General requires that the Request for Proposal (RFP) package inform all Bidders of the State of New Hampshire's general liability insurance and worker's compensation requirements. Please complete and return this form and all required Certificate(s) of Insurance with your proposal.

Comprehensive General Liability Insurance: The limits of liability required are dependent upon your corporation's legal formation, and the annual total amount of contract work with the State of New Hampshire. Please select ONE of the three checkboxes below that best describes your corporation's legal formation and annual total amount of contract work with the State of New Hampshire.

		Select one
1	The contractor certifies that it IS a 501 © (3) contractor whose <u>annual</u> total amount of contract work with the State of New Hampshire does <u>not</u> exceed \$500,000.	x
2	The contractor certifies that it IS a 501 © (3) contractor whose <u>annual</u> total amount of contract work with the State of New Hampshire <u>equals or exceeds</u> \$500,000.	
3	The contractor certifies that it is NOT a 501 © (3) contractor.	
 Signature and Title and Date		

INSURANCE REQUIREMENTS for selection # 1 – Per RSA 21-1: 13, XIV. The general liability insurance provision for standard state contracts, requires any contractor who qualifies for nonprofit status under section 501 © (3) of the Internal Revenue Code and whose annual gross amount of contract work with the state does not exceed \$500,000 to have:

- Comprehensive general liability insurance in amounts of not less than \$1,000,000 per claim or occurrence and \$2,000,000 in the aggregate. *These amounts may NOT be modified.*

INSURANCE REQUIREMENTS for selection # 2 or # 3 – Per Agreement (P-37) General Provisions, 14.1 and 14.1.1. Insurance and Bond: The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, both for the benefits of the State, the following insurance:

- Comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$250,000 per claim and \$2,000,000 per occurrence. *The State of New Hampshire MAY modify these amounts upon approval of the Attorney General.*

The policies shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.



Mission Statement

Our mission at The Greater Wakefield Resource Center, Inc. is to provide educational and social services to the communities of Wakefield, Brookfield, Farmington, Milton and Middleton, NH.

Our goal is to improve the health, education and employment of the citizens of our community.

Additionally, The Greater Wakefield Resource Center, Inc. will be used for civic and non-profit groups who want to use the facility to better enhance the above communities and its charitable services.

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2008

Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

For the 2008 calendar year, or tax year beginning

2008, and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Greater Wakefield Resource Center, Inc. Number and street (or P.O. box if mail is not delivered to street address) Room/suite 254 Main Street, Box 96 City, town or country Union State ZIP code + 4 MA 03867	D Employer identification number 02-0496614
		E Telephone number (603) 473-8324
F Name and address of principal officer: Bob Glidden 254 Main Street, Box 96 Union MA 03867		G Gross receipts 94,026.
H Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No I Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'No,' attach a list. (see instructions)		J Web site: N/A
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 2002 M State of legal domicile: MA

Summary

1 Briefly describe the organization's mission or most significant activities: To maintain a resource center to service multi-generational needs	
2 Check this box <input type="checkbox"/> If the organization discontinued its operations or disposed of more than 25% of its assets.	
3 Number of voting members of the governing body (Part VI, line 1a)	3 6
4 Number of independent voting members of the governing body (Part VI, line 1b)	4 6
5 Total number of employees (Part V, line 2a)	5 8
6 Total number of volunteers (estimate if necessary)	6 4
7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a 18,436.
7b Net unrelated business taxable income from Form 990-T, line 34	7b
Revenue	
8 Contributions and grants (Part VIII, line 1h)	8 37,831.
9 Program service revenue (Part VIII, line 2g)	9 13,964.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10 0.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11 20,328.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12 72,123.
Expenses	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13 34,386.
14 Benefits paid to or for members (Part IX, column (A), line 4)	14 40,261.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15
16a Professional fundraising fees (Part IX, column (A), line 11e)	16a
16b Total fundraising expenses (Part IX, column (D), line 25)	16b 0.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	17 44,990.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18 79,304.
19 Revenue less expenses. Subtract line 18 from line 12	19 -7,261.
Assets or Fund Balances	
20 Total assets (Part X, line 16)	20 314,536.
21 Total liabilities (Part X, line 26)	21 1,650.
22 Net assets or fund balances. Subtract line 21 from line 20	22 312,886.

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here



Signature of officer

05/14/09

Date

Executive Director

Bob Glidden
 Type or print name and title.

Paid Preparer's Use Only

Preparer's signature

Brian McLarney MBA, CPA/PFS

Date

05/13/09

Check if self-employed ☐

Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4

McLarney & Company, LLC
6 Courthouse Lane, Unit 15
Chelmsford MA 01824

EIN

Phone no. **(603) 224-4990**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101 04/23/09

Form 990 (2008)

**Greater Wakefield Resource Center, Inc
Board of Directors**

**Robert Wyman
314 Govenors Road
Brookfield, NH 03872
603-522-8604**

**Tom Dube
603-944-0329**

**Debra Joyce
2 Eastside Road
Wakefield, NH 03872
603-973-1529 cell
603-522-6526 home**

**Bob Glidden, Chairman
3 Joe-del Drive
E. Wakefield, NH 03830
e-mail:rag1@local.net**

**Joseph Kenney
PO Box 201, Main Street
Union, NH 03887
603-473-2569 H /C603-447-9263
e-mail:majjkenney@prodigy.net**

**Liz Olympio, State Represent
59 Govenors Road
Brookfield, NH 03872
603-522-8503**



AMERICAN RECOVERY AND REINVESTMENT ACT OF 2009

Program Budget Form - Program Costs & Revenues Budget By Service	
Agency Name	Greater Wakefield Resource Center
Program Service Name	

Program Component	SFY 2010 10/7/09 - 6/30/10	
	FTE	Amount

COSTS		
Salaries & Benefits		
Personnel Salaries	\$ -	\$ 1,169
Fringe Benefits & Payroll Taxes		\$ 89
Subtotal Salaries & Benefits		\$ 1,258

Other Direct Costs		
Food	\$	10,272
Subcontracts		
Other		
Subtotal Other Direct Costs	\$	10,272

Occupancy	
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Subtotal Program Costs	\$	11,530
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Agency Admin. Support	
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TOTAL PROGRAM COSTS	\$	11,530
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REVENUES		
Federal ARRA Revenues		
American Recovery and Reinvestment Act of 2009 (ARRA)		
Total ARRA Revenues	\$	9,800

Inkind Revenue	\$	1,730
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TOTAL PROGRAM REVENUES	\$	11,530
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15% ARRA MATCHING REQUIREMENT	Sources and amounts of the non-federal 15% match requirement.
Town	1,730

TOTAL # ARRA FUNDED MEALS	
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AMERICAN RECOVERY AND REINVESTMENT ACT OF 2009

Personnel Form - Program Personnel Costs Budget By Service	
Agency Name	
Program Service Name	

SFY 2010 7/1/09 - 6/30/10		
Position Title	Total Annual Salary	Dollars Budgeted to BEAS ARRA Nutrition Program

Key Administrative Staff		
Nancy Lesure-Smith	18057	0
Key Program Staff		
Henry Borne	8243.75	0
Jennifer Hayward	5896	0
Ann Glidden	2337.5	0
Betty Tanner	2337.5	50 \$
		1,169

Total Personnel Costs	\$ 36,872	\$ -
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NANCY LESURE-SMITH

Objective To obtain a position in your company and perform and exceed to the best of my abilities.

Experience 2008-Present Greater Wakefield Resource Center Union NH

Administrator

- Payroll bi-wkly, Keep log of Time Sheets
- Balance Checkbook, Pay Bills, submit quarterly reports to the state
- Advertise the Center on local channels and news paper
- Rent Function Hall, Collect fees associated with the rental
- Type up and submit leases to the tenants
- Collect rent from tenants
- Manage and Organize Meals On Wheels scheduling
- Wkly Banking
- Maintain spreadsheet on senior meals

2000-2002 Flextronics International Portsmouth NH

Administrative Assistant

- Created and ran financial reports for Management
- Attended Weekly Meetings with Management
- Followed Inventory flow and addressed and corrected any discrepancies
- Researched and resolved any issue that arose in our system to keep running smoothly through the process

1999-2000 Cabletron Systems Rochester NH

Customer Service

- Received Phone calls from customers for return of their product
- Tracked customers product through our RMA process from beginning to end
- Created RMA's for Customer Returns
- Provided reports to customers to show their flow of product

1996-1999 Cabletron Systems Rochester NH

Clerk

- Answered and transferred all calls coming in
- Greeted all visitors upon arrival
- Ordered office supplies for management and employees
- Kept organized files for all RMA's coming through our department

Education

- Microsoft Office 2007
- Baan
- Sap R/3
- Lotus Notes
- Intrepid

Antionette Gidden

Experience	2002-Present	Greater Resource Center	Union NH
	Assistant Manager		
	<ul style="list-style-type: none">▪ Assist the Food Director in food preparation and serving of the meals▪ Assist, on a rotation basis, with the cleaning of the food preparation area▪ Ability to coordinate with Food Director on kitchen matters		
	1973-1997	General Store	Wakefield NH
	Owner		
	<ul style="list-style-type: none">▪ Purchasing, invoicing, billing, accounts receivable/accounts payable▪ Hiring, inventory▪ Overall management		
	1978-1981	Restaurant	Wakefield NH
	Owner		
	<ul style="list-style-type: none">▪ Operated fast food restaurant▪ Management, purchasing, invoicing, billing▪ Accounts receivable, payable, hiring, inventory, stocking, cooking		

Education	1957	East Side High School-Graduated	Newark, New Jersey
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Interests

- 6 yrs. Wakefield Budget Committee
- 2 yrs. Chairman of the Wakefield Parks & Recreation
- 5 yrs. Vice-Chairman of the School Board
- 6 yrs. Hospice Volunteer
- 7 yrs. Gild Scout Leader

HENRY J. BORNE
6 Rocky Cove Road
Lebanon, Me. 04027
(207) 658-7705

OBJECTIVE:

Make a positive, productive contribution to a team oriented workplace

WORK EXPERIENCE:

Greater Wakefield Resource Center Union, N.H. January 29th 2007 – Current
Kitchen Manager- Head Chef, Create Monthly Menus, Order Supplies needed

Fiberdyne, Dover, NH 03820 2004-2006
Processor in manufacturer of water filters

Flextronics, Portsmouth NH 03801 2003-2004
Flying Probe tester of PC boards

Ferraz-Shawmut, Inc., Newburyport, Ma. 01950 1978-1984
Materials Controller-Identified and reduced overstocked warehouse items.
Reconciled inventory records through cross referencing data entries.
Developed a silver recovery scrap plan that enabled company to recover \$1500.-\$3000. Per month.

EDUCATION:

Seacoast Career School-Sanford, Me. -2002
Computerized Accounting
Certificates in Excel, Access, Payroll, Peachtree, Quick Books

Northern Essex community College-Haverhill, Ma.-1986
Certificate in Materials Management with highest honors.

Cornell University, Ithaca, N.Y.
B.S. in Agricultural Economics, w/major in Food Distribution & Marketing.



Cal
201

Nicholas A. Toumpas
Commissioner

Nancy L. Rollins
Associate
Commissioner

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF COMMUNITY BASED CARE SERVICES

BUREAU OF ELDERLY & ADULT SERVICES

129 PLEASANT STREET, CONCORD, NH 03301-3857
603-271-4680 1-800-351-1888
Fax: 603-271-4643 TDD Access: 1-800-735-2964

AMERICAN RECOVERY
putting new money to work

September 11, 2009

His Excellency, Governor John H. Lynch
and the Honorable Executive Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services (DHHS), Division of Community Based Care Services, Bureau of Elderly and Adult Services to enter into a sole source contract with Greater Wakefield Resource Center, 254 Main Street, Union, New Hampshire 03887 (Vendor Code # 158408), to provide Nutrition Services/Congregate meals to elderly individuals effective date of Governor and Council approval through September 30, 2010 in an amount not to exceed \$9,800.00. This contract is supported with funds made available under the American Recovery and Reinvestment Act of 2009 (ARRA) to provide Nutrition Services/Congregate meals. Funds are available in the following account(s) for SFYs 2010 and 2011, with the authority to adjust encumbrances between each of the State fiscal years through the Budget Office if needed and justified.

05-95-48-481010-0885 HEALTH AND SOCIAL SERVICES, DEPT. OF HEALTH AND HUMAN SERVICES,
HHS: ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, AOA ARRA MEALS

Fiscal Year	Class/Object Code	Class Title	Amount
SFY 2010	502-500891	Contracts to providers	\$ 7,350.00
SFY 2011	502-500891	Contracts to providers	<u>\$ 2,450.00</u>
TOTALS			\$ 9,800.00

Source of Funds: One hundred percent Federal ARRA funds.

EXPLANATION

Funding for this contract with Greater Wakefield Resource Center is with American Recovery and Reinvestment Act of 2009 Public Law 111-5 (ARRA) funds, which provide Nutrition Services/Congregate meals that meets some needs of elderly individuals by providing meals in a group setting. Upon approval of Governor and Executive Council, this contract provides 1,500 Congregate meals, at a rate of \$4.90 per meal, for a total of \$7,350.00, through June 30, 2010 and 500 Congregate meals at the same rate for a total of \$2,450.00 for the period July 1, 2010 through September 30, 2010. Services are provided in accordance with The Older American's Act (AoA) of 1965, as amended.

The Administration on Aging (AoA) awarded BEAS two grants from the American Recovery and Reinvestment Act of 2009 (ARRA) to provide Nutrition Services /Home Delivered meals and Nutrition Services/ Congregate meals to seniors in need of food by preventing waitlists and closures and to create or retain jobs. These funds assist New Hampshire communities dealing with rising food costs at a time when demand for services is increasing due to the economic downturn and the growing number of older adults.

The ARRA funds for the Home Delivered and Congregate Nutrition programs will be available for SFY 2010. Funding is also available for Congregate Meals Nutrition program for SFY 2011 through September 30, 2010, which coincides with the termination date of the Nutrition Services/Congregate Meals award.

The distribution of the ARRA funds for the Home Delivered and Congregate Meals programs was determined as follows: BEAS elected, with the support of the AoA, not to seek competitive bids for these services as all meals providers who submitted a bid in response to RFP 10 DCBCCS-BEAS-SS-01 released by BEAS on February 6, 2009, were awarded contracts for congregate and/or home delivered meals. BEAS contacted these providers and asked them to identify additional needs that meet the requirements of the ARRA funds. See attached list of nutrition providers, type of meals, number of meals and funding by SFY that BEAS is submitting to Governor and Executive Council for approval.

To maintain transparency and accountability for the use of ARRA funds, BEAS is awarding separate contracts to the Nutrition providers, which serves to segregate the ARRA funds from the ongoing BEAS supported Nutrition programs. Services provided and the associated costs will be tracked and reported separately on a monthly basis to meet the requirements of the ARRA legislation.

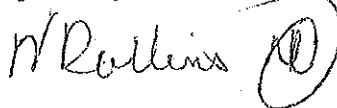
The contractor's performance will be measured by their ability to provide the number of meals and clients served, quality of service, each meal shall provide 1/3 of the Recommended Dietary Allowance (RDA) issued by the United States Departments of Health and Human Services and Agriculture, avoidance of a waitlist, and meeting the required documentation detailed in Exhibit C ARRA Standard Terms and as instructed by BEAS in accordance with the terms of the contract as evidenced by monthly invoices and reports submitted to BEAS.

Area served: See attached Catchment Area Form.

Source of Funds: One hundred percent Federal ARRA funds.

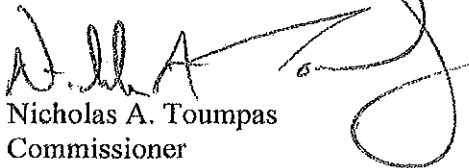
In the event that the Federal funds become no longer available, General Funds will not be requested to support these programs.

Respectfully submitted,



Nancy L. Rollins
Associate Commissioner

Approved by:



Nicholas A. Toumpas
Commissioner